

09/26/2005 11:38 FAX 5098383424

WELLS ST JOHN PS

001/008

Practitioner's Docket No. MI40-0358

PATENT OFFICE

2005 SEP 26 11 38 07 PATENT

US PATENT & TRADEMARK
OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Roy Greeff

Application No.: 10/633,205 Group No.: 2635

Filed: August 1, 2003 Examiner: Brian Zimmerman

Assistant Commissioner for Patents and Trademarks
P.O. Box 1450, Mail Stop 16, Alexandria VA 22313-1450
ATTENTION: Refund Section, Accounting Division, Office of Finance

REQUEST FOR REFUND
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

I. REFUND REQUEST

This is a request for a refund, with respect to the debit to Deposit Account 23-0925, shown on the statement dated July 19, 2005 for the above-identified application.

A copy of the monthly statement, in which the error referred to occurs, accompanies this request.
A copy of the Fee Transmittal dated July 11, 2005, copy of the Petition for Extension, accompanies this request.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents and Trademarks, Washington, D.C. 20231.

FACSIMILE

- XX transmitted by facsimile to the Patent and Trademark Office. 571-273-8388 6500

Date: 26 Sept 2005

Signature

Rhonda G. Rambo

(type or print name of person certifying)

Adjustment date: 11/04/2005 EEKUBAY1
07/19/2005 TCULEY 00000001 230925 10633205
01 FC:2202 125.00 CR

(Request for Debit (Improper Credit of Deposit Account)—page 1 of 2)

6 total Pages

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II. FEES CHARGED FOR WHICH REFUND IS REQUESTED

U.S. PATENT & TRADEMARK
OFFICE
AMOUNT OF
REFUND
REQUESTEDImproper charge for small entity, Claims in Excess of 20 \$125.00

TOTAL REFUND REQUESTED \$125.00

III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR

We filed a response via facsimile on July 11, 2005 to the office communication dated March 10, 2005. At the time of filing this office action response via facsimile, authorization to charge our PTO Account was submitted on the Fee Transmittal for the following charges:

Supplemental IDS, \$180.00

One, Month Extension of Time, \$120.00

Two, Terminal Disclaimers, \$130.00 each

Nine, additional Claims in Excess of 20, \$450.00

The above charges are correct and were charged properly to our PTO Account on July 13, 2005; however, the additional charge on July 19, 2005 for the amount of \$125.00, SMALL ENTITY, Claims in Excess of 20 is incorrect. The above mentioned client is Large entity and no further claims are due.

Therefore, no additional fees are believed to be required. Please credit Deposit Account No. 23-0925 with the above fee amount of \$125.00.

IV. MANNER OF REFUND

Please Credit Account No. 23-0925.

Date:

9/26/05



James D. Shaurette

Reg. No: 38,933

Wells St. John P.S.

601 West First Ave., Suite 1300

Spokane, WA 99201-3828

Tel. No.: (509) 624-4276

Customer No.: 021567

(Request for Debit (Improper Credit of Deposit Account)—page 2 of 2)

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Deposit Account Statement

#230925

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07/13 88	10633205	02-607	1202	OK \$450.00 ✓	\$14,674.00
07/14 3	6692876		1811	-\$100.00	\$14,774.00
07/14 28	SUBSCRIPTION		8001	\$3.00	\$14,771.00
07/14 62	90006987	TE2-0124	1453	\$1,500.00	\$13,271.00
07/18 19	10624628	MI22-2356	1806	\$180.00	\$13,091.00
07/18 20	10624627	MI22-2358	1806	\$180.00	\$12,911.00
07/18 27	10624716	MI22-2357	1806	\$180.00	\$12,731.00
07/18 37	10669671	M1422-2145	1806	\$180.00	\$12,551.00
07/19 1	10633205	02-607 MI 358	2202	\$125.00	\$12,426.00
07/19 89	10325159	MI22-2208	1251	\$120.00	\$12,306.00
07/19 90	10325159	MI22-2208	1202	\$200.00	\$12,106.00
07/19 119	09570365	MI40-293	1251	\$120.00	\$11,986.00
07/19 120	09570365	MI40-293	1202	\$150.00	\$11,836.00
07/19 121	09570365	MI40-293	1201	\$600.00	\$11,236.00
07/20 96	10633205	02-607	1806	\$180.00	\$11,056.00
07/20 733	78673782	LI13-130	7001	\$650.00	\$10,406.00
07/21 21	SUBSCRIPTION		8001	\$3.00	\$10,403.00
07/21 733	78674732	RO65-101	7001	\$325.00	\$10,078.00
07/21 839	78674772	PE41-103	7001	\$325.00	\$9,753.00
07/22 7	PAYMENT		9203	-\$5,000.00	\$14,753.00
07/25 2	10218252		9204	-\$50.00	\$14,803.00
07/26 1025	78215946	PO31-101	7004	\$150.00	\$14,653.00
07/28 1	10014310	32120-DIV	1801	\$790.00	\$13,863.00
07/28 2	11158448	14330-E (BA4-251)	2202	\$25.00	\$13,838.00
07/29 376	2266637	KE2-127	7205	\$100.00	\$13,738.00
07/29 377	2266637	KE2-127	7208	\$200.00	\$13,538.00
07/29 615	78680914	PO4-1255	7001	\$325.00	\$13,213.00
07/29 687	2278319	WA23-166	7205	\$100.00	\$13,113.00
07/29 688	2278319	WA23-166	7208	\$200.00	\$12,913.00
07/29 748	2309598	WA23-171	7205	\$100.00	\$12,813.00
07/29 749	2309598	WA23-171	7208	\$200.00	\$12,613.00
07/29 1370	78428557	RE35-113	7003	\$100.00	\$12,513.00

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$14,124.00	\$13,761.00	\$12,150.00	\$12,513.00

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Deposit Account Statement

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**United States
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PATENT

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Deposit Account Statement

Requested Statement Month: July 2005
Deposit Account Number: 230925
Name: WELLS ST JOHN PS
Attention: RHONDA RAMBO
Address: 601 WEST FIRST AVENUE SUITE 1300
City: SPOKANE
State: WA
Zip: 99201-3817
Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
07/01	553	78662021	GI13-101	7001	\$325.00	\$13,799.00
07/01	557	1968130	RA24-101	7205	\$100.00	\$13,699.00
07/01	558	1968130	RA24-101	7201	\$400.00	\$13,299.00
07/01	576	76371491	PO4-1173	7004	\$150.00	\$13,149.00
07/01	680	78186708	PO4-1186	7004	\$150.00	\$12,999.00
07/01	709	78186732	PO4-1187	7004	\$150.00	\$12,849.00
07/01	723	78186877	PO4-1188	7004	\$150.00	\$12,699.00
07/01	753	78280884	PO4-1216	7004	\$150.00	\$12,549.00
07/01	962	78662274	TE2-1120	7001	\$650.00	\$11,899.00
07/01	1599	1397918	NO4-103	7205	\$100.00	\$11,799.00
07/01	1600	1397918	NO4-103	7201	\$400.00	\$11,399.00
07/05	34	10624340	MI22-2067	1806	\$180.00	\$11,219.00
07/07	134	60695964	IR3-073	2005	\$100.00	\$11,119.00
07/07	1517	78665365	IT2-149	7001	\$325.00	\$10,794.00
07/11	15	10461529	MI22-2337	1806	\$180.00	\$10,614.00
07/11	16	10931526	MI22-2667	1806	\$180.00	\$10,434.00
07/11	17	10931526	MI22-2667	1202	\$200.00	\$10,234.00
07/11	20	09814260	MI22-1683	1806	\$180.00	\$10,054.00
07/11	1917	78667498	ZA1-172	7001	\$325.00	\$9,729.00
07/12	30	10769430	MI22-2490	1251	\$120.00	\$9,609.00
07/12	58	PAYMENT		9203	-\$7,000.00	\$16,609.00
07/12	112	78667584	ZA1-171	7001	\$325.00	\$16,284.00
07/12	666	2365308	PO4-1120	7205	\$100.00	\$16,184.00
07/12	667	2365308	PO4-1120	7208	\$200.00	\$15,984.00
07/12	1448	2356512	SK8-101	7205	\$100.00	\$15,884.00
07/12	1449	2356512	SK8-101	7208	\$200.00	\$15,684.00
07/13	77	10633205	02-607	1251	\$120.00 ✓	\$15,564.00
07/13	78	10633205	02-607	1806	\$180.00 ✓	\$15,384.00
07/13	79	10633205	02-607	1814	\$130.00 ✓	\$15,254.00
07/13	80	10633205	02-607	1814	\$130.00 ✓	\$15,124.00

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PTO/BB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Patent and Trademark Act of 1980, no person is required to furnish information to a collection of information unless it contains a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1010.00

Complete if Known

Application Number 10/633,205
 Filing Date 08/01/2003
 First Named Inventor Greaff et al.
 Examiner Name B. Zimmerman
 Art Unit 2635
 Attorney Docket No. M140-358

2005 SEP

26 7:30:08

US PATENT

T & TRADEMARK
OFFICE**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
60	9	50.00	450.00			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3 or HP			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
60	9	1	250	250

Total Sheets - 100 = 9 / 50 = 1 (round up to a whole number) x 250 = 250

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS, Reg. For Ext.: 2 Terminal Disclaimers

\$560.00

SUBMITTED BYSignature *[Signature]*Registration No. 38,933
(Attorney/Agent)

Telephone 509-624-4276

Name (Print/Type) James D. Shaurette

Date 7/1/05

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/22 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) US PATENT & TRADEMARK OFFICE (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) MI 40-358	
Application Number 10/633,205		Filed August 1, 2003	
For Roy Greeff et al.			
Art Unit 2635		Examiner B. Zimmerman	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1580	\$795 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any deficiencies required or credit any overpayment, to Deposit Account Number 23-0925 I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 39,833

☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34

Signature: James D. Shaurette Date: 2005 SEP 26

Typed or printed name: James D. Shaurette Telephone Number: 509-624-4276

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

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